Child Nutrition Program New Site Application Complete a separate new site application form for each site.

| Sponsor Number: | |
|---|---|
| Sponsor Name: | |
| Official Site Name: | |
| (School Buildings Only) KSDE-Assigned Building Nu | mber: |
| (School Building Only) If no KSDE-Assigned Building building number been requested? ☐ Yes ☐ No | Number indicated above, has a KSDE-assigned |
| Site Location (Address, City, County): | |
| Site Type: Public Private For-Profit Private Non-Profit Program(s) Site will participate on: School Nutrition Program (SNP) Child and Adult Care Food Program (CACFP) If site will participate in CACFP, indicate at I Child Care Center Head Start Outside School Hours Care | east one site type below: |
| ☐ At-Risk Afterschool Meals/Snacks ☐ Adult Day Care Center ☐ Emergency Shelter | |
| ☐ Summer Food Service Program (SFSP) | |
| If site will participate in SFSP, indicate one N | Meal Service Type and Site Qualification. |
| Meal Service Type ☐ Congregate Meal Service ☐ Non-Congregate Meal Service ☐ Hybrid (serves both congregate and non-congregate meals) | Site Qualifications Conditional Non-Congregate Open Open Restricted Enrolled Residential Camp Non-residential Camp |